

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

38273

State File No. ....

5109

BIRTH NO. 16375-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>1900 River St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Sammy</u>	b. (Middle) <u>George</u>	c. (Last) <u>Thompson</u>	11	25	56
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Child</u>	<b>8. DATE OF BIRTH</b> <u>3-7-56</u>		<b>9. AGE</b> (In years last birthday) <u>8</u>
			IF UNDER 1 YEAR Months <u>18</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Infant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Carthage Mo. 0</u>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>Paul Thompson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bonnell James</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Bonnell Thompson</u>	
				<b>ADDRESS</b> <u>1900 River St.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		II. OTHER SIGNIFICANT CONDITIONS		7441	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Amyotonia Congenita</u>			
		DUE TO (c) <u>Bronchopneumonia</u>			
		Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 9/21, 1956, to 11/25, 1956, that I last saw the deceased alive on 11/25, 1956, and that death occurred at 4:12 am., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Wayne Hart</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>Mercy Hospital</u>		<b>23c. DATE SIGNED</b> <u>11/25/56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>24b. DATE</b> <u>11/25/56</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Carthage Mo.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Carthage Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Stinson M. Blue</u>		<b>ADDRESS</b> <u>R. G. #13</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-25-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Nevar Marshall</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

FILED DEC 13 1956

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *M. Gerald A. Buzes*.....

Licensed Embalmer No. *4763*.....

P. O. Address *K. C. Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.